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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

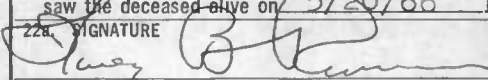
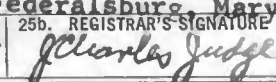
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

06730

CERTIFICATE OF DEATH

06724

1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Denton - Rural c. LENGTH OF STAY IN 1b Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Near Howard's School				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton - Rural d. STREET ADDRESS Near Howard's School e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>															
3. NAME OF DECEASED (Type or print) First John Middle Robert Last Andrew		4. DATE OF DEATH Month May Day 23 Year 1966		5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 8, 1873		9. AGE (In years last birthday) 93 yrs.		10. UNDER 1 YEAR Months 05 Days - Hours - Mins. -					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (County & State, or foreign country) Caroline Co., Maryland				12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Elisha Andrew				14. MOTHER'S MAIDEN NAME Mary Nichols				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)				16. SOCIAL SECURITY NO. 220-09-1756				17. INFORMANT Address Mrs. Jacob Zierl, Denton, Md., RFD			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure with auricular fibrillation 4200 DUE TO (b) Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 4 mos 15 yrs 25 yrs												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) epithelioma of his left hand c ?metastasis																			
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)															
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 11:25 PM				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)											
21. I certify that (I) (this hospital) attended the deceased from 9/25 , 19 65 to 5/23 , 1966, that (I) (we) last saw the deceased alive on 5/20/66 , 19 66 , and that death occurred at 11:25 PM , from the causes and on the date stated above.																			
22a. SIGNATURE 												22b. DATE SIGNED 5/25/66							
22c. PHYSICIAN'S NAME (Type) Harold B. Plummer M.D.												22d. ADDRESS Preston, Maryland							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF May 26, 1966		23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery				23d. LOCATION (City, town or county) (State) Near Federalsburg, Maryland									
24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Maryland												25a. REC'D BY REGISTRAR JUN 2 1966				25b. REGISTRAR'S SIGNATURE 			

1935

Caroline

Maryland

Caroline

Benton - Rural

Life

Benton - Rural

Near Howard's School

Near Howard's School

85

22

May

Andrew

Robert

John

February 8, 1935

White

Male

USA

Caroline Co., Maryland

Benton

Benton

Mary Nichols

Elizabeth Andrew

120-00-1755 Mrs. Jacob M. Benton, Jr., 120

120

Benton, Maryland

Near Federal Highway, Maryland

120-00-1755 Benton, Maryland

120-00-1755 Benton, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 7/61

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
06731						06725					
1. PLACE OF DEATH a. COUNTY Caroline MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Md. b. COUNTY Caroline					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Federalburg				c. LENGTH OF STAY IN 1b 30 yrs		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) same				d. STREET ADDRESS same	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Greenridge Road						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Anna Rebecca Cole						4. DATE OF DEATH May 7, 1966					
5. SEX fem.		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 5, 1901		9. AGE (In years last birthday) 65 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) employee plastics factory & nurse						10b. KIND OF BUSINESS OR INDUSTRY Queene Anne County			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Morris						14. MOTHER'S MAIDEN NAME Anna Turner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 4201		17. INFORMANT George Morris Queen Anne, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial thrombosis DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. 4201 DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 15 minutes					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. 19		20d. INJURY OCCURRED While Not While at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)	
21. I certify that (I) (this hospital) attended the deceased from Sept. 29, 1961 , to May 8, 1966 ; that (I) (we) last saw the deceased alive on May 8, 1966 , and that death occurred at 5PM , from the causes and on the date stated above.											
22e. SIGNATURE H. R. Trapnell, M.D.						ATTENDING PHYS. <input type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22b. DATE SIGNED		
22c. PHYSICIAN'S NAME (Type) H. R. Trapnell, M.D.						22d. ADDRESS Federalburg, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE THEREOF 5/II/66		23c. NAME OF CEMETERY OR CREMATORY Chesterfield Cem.		23d. LOCATION (City, town or county) Centerville, Md.		(State)			
24. FUNERAL DIRECTOR'S SIGNATURE Harvey Williams						25. REC'D BY REGISTRAR MAY 13 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

00333

00333



Caroline

Ed

Caroline

Wm

SO Yrs

be station

Wm

Strenuous work

May 4, 1900

Ann Rebecca Cole

Jan. 8, 1901

X

white

employee plastic factory & notes Anne County

Anne County

William Morris

Wm Morris

12-1900

Wm Morris

May 11

May 11

Handwritten signature or note.

Wm Morris

Wm Morris

Wm Morris

Wm Morris

Wm Morris

MAY 13 1900

Wm Morris

Wm Morris

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
5M 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06732

06726

1. PLACE OF DEATH a. COUNTY Caroline MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridgely			
c. LENGTH OF STAY IN 1b 2 Yrs.				d. STREET ADDRESS None			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Alice Middle May Last Doty				4. DATE OF DEATH Month May Day 15 Year 1966			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-26-1896	9. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William E. Flowers				14. MOTHER'S MAIDEN NAME Annie Stayton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Anna Mae Carroll Greensboro Address Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Uprua 5811 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of the liver DUE TO (c) Chronic Alcoholism							INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs 330yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> et work et work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
ACTUAL SIGNATURE Dr. Harold B. Plummer				22. DATE SIGNED 5/20/66			
EXAMINER'S NAME (Type) Dr. Harold B. Plummer				Address (Street, city, town, or county)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 5-17-66		23c. NAME OF CEMETERY OR CREMATORY Greensboro		23d. LOCATION (City, town or county) (State) Greensboro, Maryland	
24. FUNERAL DIRECTOR J.E. Bouclair Greensboro, Md.				25a. REC'D BY REGISTRAR MAY 26 1966 25b. REGISTRAR'S SIGNATURE Charles Judge			

00322

00322

Caroline

Miss

John

Miss

Charles

Housewife

William E. Flower

Unknown

Mr. Charles A. Flower

Greenboro

Greenboro, N.C.

May 1, 1964

The Honorable Mr. Charles A. Flower

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VR A15 (4)
15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH														
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND														
06733					CERTIFICATE OF DEATH					06727				
1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Federalsburg c. LENGTH OF STAY IN 1b 2 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bloomindale Avenue					2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Federalsburg - Rural d. STREET ADDRESS Preston Road e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First David Middle Allan Last Lofland					4. DATE OF DEATH Month May Day 27 Year 1966									
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 27, 1966		9. AGE (In years last birthday) yrs. 27 IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours 2 Min. 0						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Federalsburg, Maryland		12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME Edward Lofland					14. MOTHER'S MAIDEN NAME Betty English									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes give war or dates of service) None		17. INFORMANT Address Edward Lofland, Federalsburg, Maryland, RFD										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure. 774X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Immaturity (1 lb. 6 oz.) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH 2 hrs				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>														
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)										
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)						
21. I certify that (I) (this hospital) attended the deceased from 5-27, 1966 , to 5-27, 1966 , that (I) (we) last saw the deceased alive on 5-27, 1966 , and that death occurred at 9:31 PM , from the causes and on the date stated above.														
22a. SIGNATURE H. R. Trapnell, M.D.						ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED May 28, 1966						
22c. PHYSICIAN'S NAME (Type) H. R. Trapnell, M.D.						22d. ADDRESS Federalsburg, Maryland								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF May 29, 1966		23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery			23d. LOCATION (City, town or county) (State) Hurlock, Maryland						
24. FUNERAL DIRECTOR J. J. Hampton and Son, Federalsburg, Maryland <i>from Hampton Jr.</i>						25a. REC'D BY REGISTRAR JUN 2 1966		25b. REGISTRAR'S SIGNATURE Charles Judge						

08327

08328

Don't know

Don't know

Don't know

Federal Bureau - Bureau

Federal Bureau

Federal Bureau

Travison Road

Blomfield Avenue

00

May 27, 1966

Don't know

Don't know

Don't know

Don't know

Don't know

001

Federal Bureau, Maryland

Don't know

Don't know

Don't know

Don't know

Don't know, Maryland, Federal Bureau

Don't know

Don't know

Handwritten signature

May 28, 1966

Federal Bureau, Maryland

M. T. Tronelli, M.D.

Don't know, Maryland

Don't know, Maryland

May 29, 1966

Don't know and Son, Federal Bureau, Maryland

May 2, 1966

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH											
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg c. LENGTH OF STAY IN 1b 2 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Denton Road						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg d. STREET ADDRESS Old Denton Road e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Rubydell Middle De** Smith Last Nelson						4. DATE OF DEATH Month May Day 11 Year 1966					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 28, 1929		9. AGE (In years last birthday) 37 yrs.		IF UNDER 1 YEAR Months 05 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) South Carolina			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Willie Anchrum						14. MOTHER'S MAIDEN NAME Julia Sweetwine					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes give war or dates of service)				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Ruby Jackson, Federalsburg, Maryland Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Methyl alcohol poisoning 8800 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) intake of methyl alcohol							
20c. TIME OF INJURY Month, Day, Year Hour a.m. 5/10 19 66 p.m. 05				20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input checked="" type="checkbox"/> at work et work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home		20f. (City or town) (County) (State) Federalsburg Caroline Md.			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> ACTUAL SIGNATURE Peter W. Rieckert M.D. EXAMINER'S NAME (Type) Peter W. Rieckert Address (Street, city, town, or county) East New Market 22. DATE SIGNED 5-12-66											
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal				23b. DATE THEREOF May 13, 1966		23c. NAME OF CEMETERY OR CREMATORY Canaan Cemetery			23d. LOCATION (City, town or county) (State) Nr. Ridgeville, Dorchester Co. South Carolina		
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland ADDRESS						25a. REC'D BY REGISTRAR MAY 16 1966		25b. REGISTRAR'S SIGNATURE Charles Judge			

0878

Caroline

Marjorie

Federalist

2 years

Federalist

Old Denton Road

Old Denton Road

08

11

May

Miss Sarah Nelson

Evangelist

April 28, 1939

Female Negro

USA

South Carolina

Home

Lawrence

Julia Swannick

Miss Andrew

Miss Jackson, Federalist, Maryland

Lawrence

No

Mr. Lawrence, Lawrence

Removal May 12, 1939

Lawrence and Son, Federalist, Maryland

May 10 1939

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MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
06735					06729						
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
a. COUNTY Caroline MARYLAND					a. STATE Maryland b. COUNTY Caroline						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Preston - Rural					c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Preston - Rural						
c. LENGTH OF STAY IN 1b 50 years					d. STREET ADDRESS Near Harmony						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Near Harmony					e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)			First		Middle		Last		4. DATE OF DEATH		
			Rose		Marie		Patrick		Month May Day 27 Year 19 66		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 14, 1896			9. AGE (In years last birthday) 69 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (County & State, or foreign country) Riverhead, L.I., N.Y.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Emil Friedly					14. MOTHER'S MAIDEN NAME Fannie Barboursa						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 221-09-1293		17. INFORMANT Harvey E. Patrick, Preston, Maryland, RFD						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis 4201 DUE TO (b) Coronary atherosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Emphysema										INTERVAL BETWEEN ONSET AND DEATH 0 ?	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)				
21. I certify that (I) (this hospital) attended the deceased from 4-11, 1961 , to 5-27, 1966 , that (H) (we) last saw the deceased alive on 5-17, 1966 , and that death occurred at 4 PM , from the causes and on the date stated above.											
22a. SIGNATURE H. R. Trapnell								22b. DATE SIGNED May 28, 1966			
22c. PHYSICIAN'S NAME (Type) H. R. Trapnell, M.D.								22d. ADDRESS Federalsburg, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE THEREOF May 30, 1966		23c. NAME OF CEMETERY OR CREMATORY Junior Order Cemetery			23d. LOCATION (City, town or county) (State) Preston, Maryland			
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland						25a. REG'D BY REGISTRAR JUN 2 1966					
25b. REGISTRAR'S SIGNATURE Charles Judge						DATE					

08325

08325

Caroline

Maryland

Caroline

Trenton - Jersey

50 years

Trenton - Jersey

Neat Harmony

Neat Harmony

May

Patrick

Marie

Rose

Sept. 11, 1898

Female White

Alvord, J. I., Ill.

Horse

Horse

Female Harbours

Male Friendly

Harvey S. Patrick, Trenton, Maryland, RPO

221-00-1925

10

Federal Bureau, Maryland

H. E. Stephen, M.D.

Trenton, Maryland

May 2, 1900

May 2, 1900

Female

J. L. Thompson and son, Federal Bureau, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
06736					06730						
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
a. COUNTY		Caroline			a. STATE		Maryland				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Goldsboro			b. COUNTY		Caroline				
c. LENGTH OF STAY IN 1b		23 yrs			c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		Goldsboro				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		None			d. STREET ADDRESS		None				
e. IS RESIDENCE ON A FARM?							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print)			First		Middle		Last		4. DATE OF DEATH		
Maggie			Seward						May 10 19 66		
5. SEX		6. COLOR OR RACE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.	
Female		Cau.		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		10-30-1883		82 yrs.		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
Housewife			None			Maryland			U.S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
James Sculley					Sallie Wooleyhand						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT		Address				
No			213-24-0485		Lola Shinn		Greensboro, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]										INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)											
4201 DUE TO											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										(b)	
										Coronary Occlusion	
										(c)	
Arteriosclerotic C.V.Disease with hypertension											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED?	
										YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year					20d. INJURY OCCURRED		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
Hour a.m. p.m. 19					While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>						
21. I certify that (I) (this hospital) attended the deceased from May 10, 19 66, to May 10, 19 66, that (I) (we) last saw the deceased alive on May 10, 19 66, and that death occurred at M, from the causes and on the date stated above.											
22a. SIGNATURE										22b. DATE SIGNED	
Charles H. Stonesifer M.D.										May 12 '66	
22c. PHYSICIAN'S NAME (Type)										22d. ADDRESS	
Charles H. Stonesifer M.D.										Greensboro, Md. 21639	
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town or county) (State)			
Burial			5-13-66		Greensboro			Greensboro, Md.			
24. FUNERAL DIRECTOR					ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		
John E. Boulais					Greensboro, Md.		MAY 16 1966		Charles Judge		

06788

06788

Caroline
 Goldsboro
 Jones

May 10
 10-30-1938

Honorable
 James Conley

10-30-1938

James Conley

James Conley

James Conley

James Conley

James Conley

James Conley

James Conley

James Conley

James Conley

James Conley

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06737		06731	
1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MD.</u> b. COUNTY <u>CAROLINE</u>	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) <u>HOWARD SMITH</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>17</u> Year <u>1966</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 23, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WOOD WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILL</u>	
11. BIRTH PLACE (County & State, or foreign country) <u>MD</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>ROBT SMITH</u>		14. MOTHER'S MAIDEN NAME <u>FRANCIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>ALICE LISTER DENTON</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cardiac Failure</u> 177X DUE TO <u>Hypertensive Cardiovascular Disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO <u>Carcinoma of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (the hospital) attended the deceased from <u>Dec. 1962</u> to <u>May 16, 1966</u> that (I) (we) last saw the deceased alive on <u>May 16, 1966</u> , and that death occurred at <u>1:35 PM</u> from the causes and on the date stated above.			
22a. SIGNATURE <u>Dawson B. George</u> M.D.		22b. DATE SIGNED <u>May 20 - 1966</u>	
22c. PHYSICIAN'S NAME (Type) <u>Dr. Dawson B. George</u>		22d. ADDRESS <u>Denton, Md.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF <u>May 20 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DENTON</u>	23d. LOCATION (City, town or county) (State) <u>Denton MD</u>
24. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Moore Denton</u>		25. REGISTRAR'S SIGNATURE <u>Charles Moore Denton</u>	
26. DATE OF REGISTRATION <u>MAY 23 1966</u>		27. REGISTRAR'S SIGNATURE <u>Charles Moore Denton</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove each page. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

6530

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06738

06732

1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> <u>MARYLAND</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u>			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>DENTON</u>			
c. LENGTH OF STAY IN 1b <u>life</u>				d. STREET ADDRESS <u>05-1</u>			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Middle Last		4. DATE OF DEATH		Month Day Year	
<u>IRVIN</u>		<u>SMITH</u>		<u>MAY</u>		<u>5 1966</u>	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>M</u>	<u>W</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>NOV. 23, 1887</u>	<u>78</u> yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>TEACHING</u>		<u>PUBLIC SCHO.</u>		<u>MARYLAND</u>		<u>USA</u>	
13. FATHER'S NAME <u>WILLIAM SMITH</u>				14. MOTHER'S MAIDEN NAME <u>SUSAN HALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>(If yes give war or date of service)</u>		17. INFORMANT <u>Mrs. Irvin Smith, Denton, Md.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>CHRONIC MYELOGENOUS LEUKEMIA WITH</u> <u>2041</u> DUE TO <u>SEVERE ANEMIA</u> Conditions, if any, which gave rise to immediate cause (b) } (a), stating the underlying cause last. (c) } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>_____</u>						INTERVAL BETWEEN ONSET AND DEATH <u>AROUND 6 YRS.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>_____</u>					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <u>OCT 17, 1965</u> to <u>MAY 5, 1966</u> , that (I) (we) last saw the deceased alive on <u>MAY 5, 1966</u> , and that death occurred at <u>11:36 P.M.</u> from the causes and on the date stated above.							
22a. SIGNATURE <u>Philip C. Judge</u> M.D.				ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED <u>5/6/66</u>	
22c. PHYSICIAN'S NAME (Type) <u>Philip C. Judge</u>				22d. ADDRESS <u>103 Gay St. Denton Md</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town or county) (State)	
<u>BURIAL</u>		<u>MAY 8, 1966</u>		<u>DENTON</u>		<u>DENTON MD.</u>	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Newell</u> ADDRESS <u>Denton Md.</u>				25a. REC'D BY REGISTRAR DATE <u>MAY 10 1966</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

06130

CHIEF OF BATH

06130

MAY 10 1956